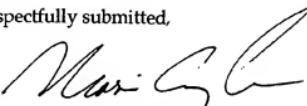


It is believed that this disclosure complies with the requirements of 37 C.F.R. § 1.56, 1.97, and 1.98 and the Manual of Patent Examining Procedures § 609. If for some reason, the Examiner considers otherwise, it is respectfully requested that the Applicants' representative be called so that any deficiencies can be remedied.

Since no action on the merits has issued in this application, Applicants believe no fee is due for filing this Information Disclosure Statement. If it is determined that a fee is required, please charge deposit account no. 13-0235.

Respectfully submitted,

By 
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FORM PTO-1449**INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S)**

Docket No.: 2619-0038WOUS
 Applicant: Manfred Piontek
 Title: Headrest for a Patient-Bearing Surface

U.S. Serial No.: Unknown
 U.S. Filing Date: Herewith
 Group Art Unit: Unknown

U.S. PATENT DOCUMENTS

<u>Examiner's Initials</u>	<u>Patent Number</u>	<u>Patent Date</u>	<u>Name</u>	<u>Class Subclass</u>
TP	6,042,184	03/28/2000	Kofoed	297/391
TP	6,276,012 B2	08/21/2001	Borders	5/622
TP	6,374,441 B1	04/23/2002	Begell	5/638

FOREIGN PATENT DOCUMENTS

<u>Examiner's Initials</u>	<u>Document Number</u>	<u>Date</u>	<u>Country</u>	<u>Translation Yes</u>	<u>No</u>
TP	WO 01/76403 A1	10/18/2001	PCT	X	

OTHER DOCUMENTS

Examiner's Initials

EXAMINER

TARLA PATEL

DATE CONSIDERED

2/15/08

EXAMINER:

Initial if citation considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant(s).